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DEPARTMENT OF LABOR
WORKERS' COMPENSATION DIVISION

DOL FORM 28

FY-00 Rev 5/05

State File No.

Ins. Co. File No.

Date of Injury

Fed. ID No.

Social Sec. No.

NOTICE OF CHANGE IN COMPENSATION RATE
(for INJURIES AFTER JULY 1, 1986)

RE: _____ v. _____
(Employee) (Employer)

Check type of agreement involved: ☐ Temporary Total ☐ Permanent Total ☐ Fatal
☐ Temporary Partial ☐ Permanent Partial

1. Write in the employee's compensation rate effective June 30, 1999.
(Not including dependent's benefits.) \$ _____
2. Multiply line 1 by 1.045 and write in the result, but not more than the maximum rate of \$760 or less than the minimum of \$253. (see **REMINDER** below)

ANY CLAIM WHERE THE EMPLOYEE RECEIVED THE MAXIMUM ON JUNE 30, 1999, THE NEW MAXIMUM SHALL BE ENTERED HERE SUBJECT TO EMPLOYEE'S AVERAGE WEEKLY WAGE. \$ _____
3. For Temporary Total Disability cases ONLY, multiply the number of dependents under the age of 21 by \$10 and write in the result. \$ _____
4. Write in the TOTAL of lines 2 and 3. This is the new compensation rate for the year beginning July 1, 1999. \$ _____

REMINDER: FOR INJURIES AFTER JULY 1, 1994, THE COMPENSATION RATE CANNOT EXCEED THE WEEKLY NET INCOME.

Maximum rate is \$760 and the minimum rate is \$253 (not including dependent's benefits) for the year beginning July 1, 1999.

This is an amendment to the original Temporary Total, Temporary Partial, Permanent Partial, Permanent Total, or Fatal agreement.

Insurance Company or Self-Insured

Date

Claims Adjuster's Signature

Title

Commissioner of Labor/Designee

Date

Instructions to insurance company or self-insurer: Complete above. Increase the weekly compensation rate beginning July 1, 1999. File **three (3) copies** with the Department of Labor before July 15, 1999. After the change has been approved, provide copies 2 and 3 to the carrier and the claimant.